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PTO/SB/97 (08-03)

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Serial No.: 10/518,567

Docket No.: PF020073

Examiner: Shaheda A. Abdin

RCE Transmittal Form (2 Copies - 2 Pages)

Fee Transmittal Form (2 Copies - 2 Pages)

Petition for Extension of Time (2 Copies - 2 Pages)

Amendment (33 Pages)

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MAR 17 2009

PTO/SB/17 (10-03)

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**FEE TRANSMITTAL  
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 4400**Complete if Known**

Application Number	10/518,567
Filing Date	July 25, 2005
First Named Inventor	Laurent Tessier et al.
Examiner Name	Shaheda A. Abidin
Art Unit	2629
Attorney Docket No.	PF020073

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit  
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Number

07-0832

Deposit  
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Name

THOMSON LICENSING INC., Customer No. 24498

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
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**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	385	Utility filing fee	
1002	350	2002	170	Design filing fee	
1003	550	2003	265	Plant filing fee	
1004	790	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims		Extra Claims		Fee from below		Fee Paid	
Independent Claims	55	-20 **	35	X	52	=	1620
Multiple Dependent Claims	6	-3 **	3	X	220	=	660
				X		=	0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	88	2201	43	Independent claims in excess of 3
1203	300	2203	145	Multiple dependent claim, if not paid
1204	88	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 2480)

\*\* or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	150	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	820*	1804	820*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	210	Extension for reply within second month	
1253	880	2253	475	Extension for reply within third month	1110
1254	1,530	2254	740	Extension for reply within fourth month	
1255	2,080	2255	1,005	Extension for reply within fifth month	
1401	340	2401	165	Notice of Appeal	
1402	340	2402	165	Filing a brief in support of an appeal	
1403	300	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1603	660	2503	320	Plant issue fee	
1480	130	1480	130	Petitions to the Director	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (g)	
1808	180	1808	180	Submission of Information Disclosure Sheet	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	385	Request for Continued Examination (RCE)	810
1802	900	1802	900	Request for expedited examination of a design application	


Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 1920)

**SUBMITTED BY**

Name (Print/Type)	Patricia A. Verlangieri	Registration No. (Attorney/Agent)	42,201	Telephone	(609) 734-8867
Signature		Date	March 17, 2009		

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PTO/SB/17 (10-03)

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Multiple Dependent Claims	6	-3	= 3	X	220	=	660
				X		=	0

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1801	790	2801	385	Request for Continued Examination (RCE)	510
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

(\$ 1820)

**SUBMITTED BY**

Name (Print/Type)		Registration No. (Attorney/Agent)		Telephone	
Patricia A. Varlangier		42,201		(609) 734-6887	
Signature		Date		March 17, 2009	

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